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Form No. 1.

(1) PLACE OF BIRTH

County of York

Township of York

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

54206

Registration District No. 4407

Registered No. 3

(For use of Local Registrar)

(2) Full Name of Child Annmarie Margaret Bassett

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Mar 1 1917  
(Name of Month) (Day) (Year)

#### FATHER.

(8) FULL NAME Henry S. Bassett

(9) PRESENT POSTOFFICE OF FATHER Clover SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27  
(Years)

(12) BIRTHPLACE York Co

(13) OCCUPATION Mill Work

(20) Number of children born to mother, including present birth 1

#### MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Chilton

(15) PRESENT POSTOFFICE OF MOTHER Clover SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25  
(Years)

(18) BIRTHPLACE York Co

(19) OCCUPATION Housekeeper

(21) Number of children of this mother now living, including present birth 1

#### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 2:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. ...

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

... 1917

... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) ... 1917 (28) J. P. ... Local Registrar

MARGIN RESERVED FOR RECORDS.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McGraw, of Columbia.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

TRIPPLICATE

This is to certify that Arnold Lankford  
Barrett was born on the 8th day of March 1916 at  
Clover, South Carolina, to Hugh David Barrett and  
Elizabeth D. Barrett (formerly Elizabeth D. Clinton).

*Sept 1, 1941*

*Hugh David Barrett*  
Hugh David Barrett

*Wm. N. Wilson*

Notary Public

*Wattson Co. Co.*